## STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM See Instructions and Privacy STD 262 (REV 10/92) Statement on Reverse Side Page CLAMANT'S NAME SSAN OR EMPLOYEE NUMBER John Cruz POSITION CB/ID NUMBER DIVISION OR BUREAU INDEX NUMBER Appointments Secretary RESIDENCE ADDRESS HEADQUARTERS ADDRESS TELEPHONE NUMBER 1350 Front Street, Suite 6054 STATE STATE San Diego California 92101 MEALS TRANSPORTATION LOCATION CARFARE, BUSINESS TOTAL WHERE EXPENSES LODGING INCIDENTALS COST OF TOLLS, PRIVATE CAR USE EXPENSE EXPENSES WERE INCURRED BREAKFAST LUNCH DINNER TRANS. TYPE USED PARKING AMOUNT FOR DAY 7.12 4.7.10 8:00am OC to SAC 134.93 18.00 162.70 37.40 0.00 360.15 7:15pm SAC to OC 9.00 162.70 6.00 72.00 0.00 249.70 0.00 0.00 All Day 4.13.10 OC to SAC to OC 325.40 94.63 0.00 420.03 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 SUBTOTALS 134.93 0.00 7.12 27.00 6.00 650.80 0.00 204.03 0.00 0.00 COLUMN CODE (ACCTG: USE ONLY) CLAIM TOTAL \$1,029.88 PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) NORMAL WORK HOURS 1.7.10 - 4.8.10 Appointments sign time with GAS, meetings with staff & appointment candidates. 1.13.10 - Appointments sign time with GAS, meetings and interview with staff. PRIVATE VEHICLE LICENSE NUMBER MILEAGE RATE CLAIMED AGENCY ACCOUNTING OFFICE

HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or preater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 ertaining to vehicle safety and seat belt usage LAMANT'S CRATTIRE SIGNATURE OF OFFICER APPROV AND PAYMENT FTITLE OF AUTHORITY FOR SPENNEL EAFENSES

USE ONLY